

REVIEWED 7/17

Russell Bartley

EPA		POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT		REGION 6	SITE NUMBER (to be assigned by HQ) TX06432
<b>GENERAL INSTRUCTIONS:</b> Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.					
<b>I. SITE IDENTIFICATION</b> TXD 055144539					
A. SITE NAME Gulfco		B. STREET (or other identifier) P. O. Drawer 0			
C. CITY Freeport		D. STATE Texas	E. ZIP CODE 77541	F. COUNTY NAME Brazoria	
G. SITE OPERATOR INFORMATION					
1. NAME Gulfco		2. TELEPHONE NUMBER 713/233-7851			
3. STREET Brazoria County Road 756		4. CITY Freeport		5. STATE Texas	6. ZIP CODE 77541
H. REALTY OWNER INFORMATION (if different from operator of site)					
1. NAME Same		2. TELEPHONE NUMBER			
3. CITY		4. STATE		5. ZIP CODE	
I. SITE DESCRIPTION 3 Waste Ponds					
J. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE					
<b>II. TENTATIVE DISPOSITION (complete this section last)</b>					
A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)		B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE			
C. PREPARER INFORMATION					
1. NAME Tom Kearns		2. TELEPHONE NUMBER 713/479-5981		3. DATE (mo., day, & yr.) 7/15/80	
<b>III. INSPECTION INFORMATION</b>					
A. PRINCIPAL INSPECTOR INFORMATION					
1. NAME Tom Kearns		2. TITLE Environmental Quality Specialist			
3. ORGANIZATION TDWR		4. TELEPHONE NO. (area code & no.) 713/479-5981			
B. INSPECTION PARTICIPANTS					
1. NAME	2. ORGANIZATION		3. TELEPHONE NO.		
Tom Kearns	TDWR		713/479-5981		
C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)					
1. NAME	2. TITLE & TELEPHONE NO.		3. ADDRESS		
Bobby Tanner	Pres.-233-7851		P. O. Drawer 0		
			Freeport, Texas 77541		
SUPERFUND FILE					
921981					
NOV 23 1992					
REORGANIZED					

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## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Gulfc0	713/233-7851	P. O. Drawer 0	Washwater
			(Barge Cleaning)

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Waste Chemical			Waste Oils
and Disposal			

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION  
(mo., day, & yr.)

7/11/80

H. TIME OF INSPECTION

1300

I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

Clean, Hot

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER		None collected	
b. SURFACE WATER	X		
c. WASTE	X	> Previously collected and on file in District Office	
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

## B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.).

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
N/A - GROUNDWATER		

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## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

## 1. TYPE OF PHOTOS

☒ a. GROUND ☒ b. AERIAL

## 2. PHOTOS IN CUSTODY OF:

TDWR

## D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

## E. COORDINATES

## 1. LATITUDE (deg.-min.-sec.)

29° 25' 00

## 2. LONGITUDE (deg.-min.-sec.)

95° 17' 00

## V. SITE INFORMATION

## A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

☐ 1. NO☒ 2. YES (specify generator's four-digit SIC Code): 2819

## C. AREA OF SITE (in acres)

3

## D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☒ 2. YES (specify): Shipyard

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

- ☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☒ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
- ☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

## B. WASTE CHARACTERISTICS

☒ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☐ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes - TDWR manifest

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## VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
	500		2.6		
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
	Gallons		Gallons		
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMELTING WASTES	(5) OTHER(specify):
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER(specify):		
			Organics		

## D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')				3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	d. HIGH	e. MED.	f. LOW	g. NONE				
Misc. Organics (washwater)		X			X						

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

## VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☐ D. CONTAMINATION OF WATER SUPPLY☐ E. CONTAMINATION OF FOOD CHAIN☐ F. CONTAMINATION OF GROUND WATER☒ G. CONTAMINATION OF SURFACE WATER

Discharge from waste ponds in July, 1974 and August 1979, contaminated surface waters outside of ponds.

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**VIII. HAZARD DESCRIPTION (continued)**

☒ **H. DAMAGE TO FLORA/FAUNA**

Discharge from the waste ponds in July, 1974 damaged some flora north of the ponds.

☐ **I. FISH KILL**

☐ **J. CONTAMINATION OF AIR**

☐ **K. NOTICEABLE ODORS**

☐ **L. CONTAMINATION OF SOIL**

☐ **M. PROPERTY DAMAGE**

## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☒ Q. EROSION PROBLEMS

Some erosion has been noted along the impoundment levees.

☐ R. INADEQUATE SECURITY

The waste disposal site is not adequately fenced on the south side.

☐ S. INCOMPATIBLE WASTES

# VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	30	40	20	50 yds.
2. IN COMMERCIAL OR INDUSTRIAL AREAS	50	100	10	50 yds.
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify units) 2' - 4'	B. DIRECTION OF FLOW south	C. GROUNDWATER USE IN VICINITY industrial
D. POTENTIAL YIELD OF AQUIFER -	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) 100 feet	F. DIRECTION TO DRINKING WATER SUPPLY north
G. TYPE OF DRINKING WATER SUPPLY		
<input checked="" type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input type="checkbox"/> 2. COMMUNITY (specify town): _____ <input type="checkbox"/> 3. SURFACE WATER <input checked="" type="checkbox"/> 4. WELL		



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X. WATER AND HYDROLOGICAL DATA (continued)				
H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE				
1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
Gulfc0	200+	in yard area	X	
Harbor				
Marine	200+	at Bridgewater Marina		X

I. RECEIVING WATER

1. NAME Oyster Creek      ☐ 2. SEWERS      ☒ 3. STREAMS/RIVERS

☐ 4. LAKES/RESERVOIRS      ☐ 5. OTHER (specify): \_\_\_\_\_

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Recreation

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XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE      ☐ B. KARST ZONE      ☒ C. 100 YEAR FLOOD PLAIN      ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY      ☐ F. CRITICAL HABITAT      ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. COVER BURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
X	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN      ☐ B. VERY HIGH (100,000 to 1000 cm/sec.)      ☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.)      ☒ E. LOW (.1 to .001 cm/sec.)      ☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES      ☒ 2. NO      3. COMMENTS:

H. DISCHARGE AREA

☒ 1. YES      ☐ 2. NO      3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE      2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

1% or less      N/A

J. OTHER GEOLOGICAL DATA

\_\_\_\_\_

Continued From Front

#### XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
None							

#### XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

Company was fined \$3,500.00 on Feb. 12, 1976 for unauthorized discharges from waste ponds.

**NOTE:** Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

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<b>SURFACE IMPOUNDMENTS SITE INSPECTION REPORT</b> <i>(Supplemental Report)</i>		<b>INSTRUCTION</b> Answer and Explain as Necessary.
<b>1. TYPE OF IMPOUNDMENT</b> <div style="margin-left: 20px;">Earthen Lagoons</div>		
<b>2. STABILITY/CONDITION OF EMBANKMENTS</b>		
<b>3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <div style="margin-left: 20px;">Some erosion noted</div>		
<b>4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>7. IMPOUNDMENT HAS LINER SYSTEM</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>7a. INTEGRITY OF LINER SYSTEM CHECKED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>7b. FINDINGS</b>		
<b>8. SOIL STRUCTURE AND SUBSTRUCTURE</b> <div style="margin-left: 20px;">Clay</div>		
<b>9. MONITORING WELLS</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>10. LENGTH, WIDTH, AND DEPTH</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>LENGTH</span> <span>WIDTH</span> <span>DEPTH</span> </div>		
<b>11. CALCULATED VOLUMETRIC CAPACITY</b>		
<b>12. PERCENT OF CAPACITY REMAINING</b> <div style="margin-left: 20px;">40%</div>		
<b>13. ESTIMATE FREEBOARD</b> <div style="margin-left: 20px;">2' to 4'</div>		
<b>14. SOLIDS DEPOSITION</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>15. DREDGING DISPOSAL METHOD</b>		
<b>16. OTHER EQUIPMENT</b>		

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<b>STORAGE FACILITIES SITE INSPECTION REPORT</b> <i>(Supplemental Report)</i>	<b>INSTRUCTION</b> Answer and Explain as Necessary.
<b>1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>2. STORAGE AREA HAS A CONFINEMENT STRUCTURE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>3. EVIDENCE OF LEAKAGE /OVERFLOW (If "Yes", document where and how much runoff is overflowing or leaking from containment)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS</b> None	
<b>5. GLASS OR PLASTIC STORAGE CONTAINERS USED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS</b> 2 - 8,000 gallons	
<b>7. NOTE LABELING ON CONTAINERS</b>  None - containrs hold waste oils.	
<b>8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS (If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>9. DIRECT VENTING OF STORAGE TANKS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	